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OKLAHOMA

Disease Reporting Manual

OKLAHOMA
State Department of Health

Infectious Disease Prevention and Response • Sexual Health and Harm Reduction Service
Public Health Laboratory • Tuberculosis Division

Oklahoma **Statutes and Code** for Disease Reporting

Title 63 Oklahoma Statute (O.S.) 1981 §1-503 mandates the reporting of cases of diseases and conditions by Oklahoma health care providers and laboratories to the OSDH.

Oklahoma Administrative Code (OAC) Reportable Disease Rules – OAC 310:515 specifies which diseases and conditions are reportable and the timeframe and methods for reporting.

Immediately Upon Suspicion, Diagnosis, or Positive Test

Within 1 Working Day

Within 1 Month

Appendix

Report **Immediately**
Upon Suspicion, Diagnosis, or Positive Test

Anthrax

- Clinical Description Resource (CDC): Anthrax

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when anthrax is suspected.
- Due to the potential for anthrax to be used in bioterrorism, it should be reported immediately upon suspicion.

Report Positive Laboratory Testing Using the Following Criteria

- Culture and identification of *Bacillus anthracis* or *Bacillus* spp. expressing anthrax toxins from clinical specimens; **OR**
- Demonstration of *B. anthracis* antigens in tissues by immunohistochemical (IHC) staining; **OR**
- Detection of antibodies to protective antigen (PA; one of the anthrax toxins) in sera using quantitative anti-PA IgG ELISA testing in an unvaccinated person; **OR**
- Detection of *B. anthracis* or anthrax toxin genes by polymerase chain reaction and/or sequencing in clinical specimens collected from a normally sterile site (e.g., blood, CSF) or lesion of other affected tissue (skin, pulmonary, reticuloendothelial, or gastrointestinal); **OR**
- Detection of lethal factor (LF) in clinical serum specimens by LF mass spectrometry or FDA cleared commercial assays (e.g., InBios AAD Plus and First Light Diagnostics SensiTox); **OR**
- Positive result from a laboratory developed test in a CLIA-accredited laboratory

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- All suspect *Bacillus anthracis* isolates must be sent to the PHL.
- PHL Test Menu: Highly Hazardous /Suspect Biothreat Organisms
- Call the 24/7/365 PHL Hotline at (405) 406-3511 to notify PHL staff prior to submission.

Bioterrorism - suspected disease

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- A bioterrorism attack defined by CDC is the deliberate release of viruses, bacteria, or other germs (agents) used to cause illness or death in people, animals, or plants. These agents are typically found in nature, but it is possible that they could be changed to increase their ability to cause disease, make them resistant to current medicines or to increase their ability to be spread into the environment. Biological agents can be spread through the air, through water, or in food.
- Specific potential bioterrorism agents of concern include but are not limited to: Anthrax, Botulism, Plague, Smallpox, Tularemia and Viral Hemorrhagic Fevers.
- If a health care provider suspects bioterrorism as the cause for a patient's clinical presentation, the Epidemiologist-on-Call must be notified immediately at (405) 426-8710. Once notified, the Epidemiologist-on-Call will provide an assessment of the situation and guidance for specimen submission and disease investigation.

Report Positive Laboratory Testing Using the Following Criteria

- During the consultation with the Epidemiologist-on-Call, report all relevant laboratory testing results. Refer to the specific pathogen for specific laboratory reporting criteria.

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- Must consult with the Epidemiologist-on-Call (405) 426-8710 for instructions on what specimens need to be collected for testing.

Botulism

- Clinical Description Resource (CDC): Botulism

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when botulism is suspected to assist in facilitating treatment with anti-toxin and laboratory testing (if botulism investigation criteria are met).
- Due to the potential for botulism to be used in bioterrorism, it should be reported immediately upon suspicion.

Epidemiological Risk Factors that Increase Clinical Suspicion

- Ingestion of a home-canned food within the previous 48 hours
- Persons who ate the same food as persons who have laboratory-confirmed botulism
- Person with a history of a fresh, contaminated wound during the 2 weeks before onset of symptoms
- History of injection drug use within the 2 weeks before onset of symptoms
- Person who received botulinum toxin administration in the 7 days before symptom onset.

Report Positive Laboratory Testing Using the Following Criteria

- Detection botulism toxin in serum, stool, other clinical specimen, or a patient's food; **OR**
- Isolation of *Clostridium botulinum* from stool, wound, or other clinical specimen

Requested Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- If Human Botulinum Antitoxin is released, the health care provider will be asked to submit specimens for testing. The Epidemiologist-on-Call (405) 426-8710 will provide instructions on what specimens need to be collected for testing.
- PHL Test Menu: Highly Hazardous /Suspect Biothreat Organisms Botulism
- Call the 24/7 PHL Hotline at (405) 406-3511 to notify PHL staff prior to submission.

Diphtheria

- Clinical Description Resource (CDC): Diphtheria

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when diphtheria is suspected to assist in facilitating treatment with anti-toxin and laboratory testing (if diphtheria investigation criteria are met).

Epidemiological Risk Factors that Increase Clinical Suspicion

- Person reporting international travel in the 14 days prior to symptom onset
- Person without history of vaccination reporting direct contact to a confirmed case

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of *Corynebacterium diphtheriae* from any site; **OR**
- Histopathologic diagnosis

Requested Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be requested to submit specimens to the PHL.
- Providers must consult with the Epidemiologist-on-Call (405) 426-8710 for testing approval and instructions on what specimens need to be collected for testing
- PHL Test Menu: Bacterial (Non-Enteric) Pathogen, Isolate Identification

Free-living amebae infections causing primary amebic meningoencephalitis

- Clinical Description Resource (CDC): Amebic Meningitis

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when Primary Amebic Meningoencephalitis (PAM) or other free-living amebae infections are suspected.

Epidemiological Risk Factors that Increase Clinical Suspicion

- Person who has had contact with or been submerged in warm, fresh water in the 7 days prior to symptom onset.
- Use of tap water in medical use equipment such as a CPAP or sinus rinse device.

Report Positive Laboratory Testing Using the Following Criteria

- Detection of *Naegleria fowleri*, *Balamuthia mandrillaris*, or *Acanthamoeba* spp. antigen or nucleic acid from a clinical specimen (e.g., immunohistochemical/immunofluorescent staining, PCR; **OR**
- Visualization of motile amebae in a wet mount of CSF; **OR**
- Isolation of *N. fowleri*, *B. mandrillaris*, *Acanthamoeba* spp. in culture from a clinical specimen.

Optional Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be able to submit specimens to the PHL.
- Providers must consult witht he Epidemiologist-on-Call (405) 426-8710 for testing approval and instructions on what specimens need to be collected for testing.

Hepatitis B during pregnancy (HBsAg+)

- Clinical Description Resource (CDC): Hepatitis B
  - Hepatitis B is a vaccine-preventable liver infection. HBV is transmitted when blood, semen, or another body fluid from a person infected with the virus enters the body of someone who is uninfected. HBV can be either acute or chronic, and many people infected with hepatitis B virus won't experience symptoms.

Recommended Tests:

- CDC now recommends use of the triple panel test, which includes testing for:
  - HBsAg
  - Anti-HBs
  - Total antibody to hepatitis B core antigen (total anti-HBc)
- Any periodic follow-up testing can use tests as appropriate based on the results of the triple panel.
- For all pregnant patients who are HBsAg-positive, clinicians should test for HBV DNA.
- Clinical Testing and Diagnosis for Hepatitis B
- Clinical Guidance for Perinatal Hepatitis B Testing

Report Positive Laboratory Testing Using the Following Criteria

- If any of the HBsAg+, anti-HBc-IgM+, HBeAg+, or HBV DNA+ are positive, then all test results on the hepatitis panel must be reported.
- For infants ≤18 months, all hepatitis B related tests ordered, regardless of test result, must be reported.

How to Interpret Test Results

- Different serologic markers or combinations of markers are used to identify different phases of HBV infection. They determine whether a patient has acute or chronic HBV infection, is immune to HBV as a result of prior infection, vaccination, or is susceptible to infection.
- Understanding Hepatitis B Blood Tests (Hepatitis B Foundation)

Measles (Rubeola)

- Clinical Description Resource (CDC): Measles

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when measles is suspected.
- Measles is characterized by:
  - Generalized, maculopapular rash; **AND**
  - Temperature ≥101°F or 38.3°C; **AND**
  - Cough, coryza, or conjunctivitis

Epidemiological Risk Factors that Increase Clinical Suspicion

In the 21 days prior to symptom onset:

- Contact of a confirmed measles case
- Belonging to a defined risk group during an outbreak
- Residence in a geographic area where measles is endemic or an outbreak of measles is occurring
- Travel during past 21 days to a geographic area where measles is endemic or an outbreak of measles is occurring

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of measles virus from a clinical specimen; **OR**
- Detection of measles virus-specific nucleic acid from a clinical specimen using polymerase chain reaction; **OR**
- A positive serologic test for measles immunoglobin M antibody

Optional Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be able to submit specimens to the PHL.
- Providers must consult with the Epidemiologist-on-Call (405) 426-8710 for testing approval and instructions on what specimens need to be collected for testing.

Meningococcal invasive disease

- Clinical Description Resource (CDC): Meningococcal Disease

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when meningococcal invasive disease is suspected.

Report Positive Laboratory Testing Using the Following Criteria

- Gram-negative diplococci, not yet identified, isolated from a normally sterile body site (e.g., blood or CSF)
- Detection of *N. meningitidis* antigen
  - In formalin-fixed tissue by immunohistochemistry (IHC); **OR**
  - In CSF by latex agglutination
- Detection of *N. meningitidis*-specific nucleic acid in a specimen obtained from a normally sterile body site (e.g., blood or CSF), using a validated polymerase chain reaction (PCR) assay
- Isolation of *N. meningitidis*
  - From a normally sterile body site (e.g., blood or CSF, or less commonly, synovial, pleural, or pericardial fluid); **OR**
  - From purpuric lesions

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- All sterile site *Neisseria meningitidis* isolates must be sent to the PHL.
- PHL Test Menu: Bacterial (Non-Enteric) Pathogen, Isolate Identification

Novel coronavirus

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when a novel coronavirus infection is suspected.

Epidemiological Risk Factors that Increase Clinical Suspicion

- Travel to a foreign or domestic location with documented or suspected recent transmission of a Novel coronavirus; **OR**
- Close contact with a confirmed case of a Novel coronavirus disease; **OR**
- Close contact with a person with mild-to-moderate or severe respiratory illness and with history of travel in the 14 days before onset of symptoms to a foreign or domestic location with documented or suspected recent transmission of a Novel coronavirus

Requested Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be able to submit specimens to the PHL.

Providers must consult with the Epidemiologist-on-Call (405) 426-8710 for testing approval and instructions on what specimens need to be collected for testing.

Novel influenza A

- Clinical Description Resource (CDC): Novel Influenza A

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when a novel influenza A infection is suspected.

Epidemiological Risk Factors that Increase Clinical Suspicion

- Close contact with a confirmed human case of novel influenza A virus infection
- Share a common exposure (such as an agricultural fair or live animal market) with a confirmed novel influenza A case
- Direct or indirect contact (such as touching an animal, their environment, or their raw or unprocessed animal products) with animals with confirmed or suspected influenza A
- Inadequate use or breach of personal protective equipment (PPE) and exposed to novel influenza A virus in a laboratory

Report Positive Laboratory Testing Using the Following Criteria

- Positive or presumptive positive result for a novel influenza subtype (i.e. **Unsubtypeable** on most panels) using molecular diagnostic test, such as real-time polymerase chain reaction, on a clinical specimen; **OR**
- Isolation of a novel influenza virus from a clinical specimen; **OR**
- Genetic sequence indicative of novel influenza A strain; **OR**
- Virus testing results indicative of variant influenza, such as H1v or H3v, as determined in consultation with subject matter experts at CDC; **OR**
- Positive influenza A test result that is inconclusive for subtype or is negative for seasonal human influenza strains. If the assay provides a CT level for the influenza A target, only report those with CT value below 35.

Requested Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be requested to to submit specimens to the PHL.
- Providers must consult with the Epidemiologist-on-Call (405) 426-8710 for testing approval and instructions on what specimens need to be collected for testing.
- PHL Test Menu: Respiratory Infections

Outbreaks of apparent infectious disease

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426 -8710 when an outbreak of an infectious disease is suspected.
- Physicians, infection control preventionists, laboratorians, and other health care providers should report any cluster or outbreak of apparent infectious disease of known or unknown etiology regardless of whether it is a reportable disease.
- An outbreak of an apparent infectious disease is a cluster (two or more) of cases within different households. The cases would have a similar clinical syndrome of a potentially infectious disease, toxin, or agent of known or unknown etiology. Examples of such outbreaks include but are not limited to a cluster of cases of gastrointestinal illness, respiratory illness, or rash illness of known or unknown etiology.

Report Positive Laboratory Testing Using the Following Criteria

- During the consultation with the Epidemiologist-on-Call (405) 426-8710, report all relevant laboratory testing results. Refer to the specific pathogen for specific laboratory reporting criteria.

Requested Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be able to submit specimens to the PHL.
- Providers must consult with the Epidemiologist-on-Call (405) 426-8710 for testing approval and instructions on what specimens need to be collected for testing.

Orthopox viruses

Mpox *(formerly known as monkeypox)*

- Clinical Description Resource (CDC): Mpox

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when Mpox is suspected.

Epidemiological Risk Factors that Increase Clinical Suspicion

In the 21 days prior to symptom onset:

- Direct contact with a confirmed case or their surroundings such as objects, fabric, and other environmental surfaces
- International travel to a location experiencing ongoing transmission
- Contact with an exotic animal

Report Positive Laboratory Testing Using the Following Criteria

- Detection of Mpox virus nucleic acid by molecular testing in a clinical specimen; **OR**
- Detection of Mpox virus by genomic sequencing in a clinical specimen; **OR**
- Detection of orthopoxvirus nucleic acid by molecular testing in a clinical specimen AND no laboratory evidence of infection with another non-variola orthopoxvirus; **OR**
- Detection of presence of orthopoxvirus by immunohistochemistry in tissue; **OR**
- Detection of orthopoxvirus by genomic sequencing in a clinical specimen; **OR**
- Detection of anti-orthopoxvirus Immunoglobulin M (IgM) antibody using a validated assay on a serum sample.

Optional Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be able to submit specimens to the PHL.
- Providers must consult with the Epidemiologist-on-Call (405) 426-8710 for testing approval and instructions on what specimens need to be collected for testing.
- PHL Test Menu: Emerging Infectious Disease
- Call the 24/7 PHL Hotline at (405) 406-3511 to notify PHL staff prior to submission.

Smallpox

- Clinical Description Resource (CDC): Smallpox

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when smallpox is suspected.

Report Positive Laboratory Testing Using the Following Criteria

- Polymerase chain reaction (PCR) identification of variola DNA in a clinical specimen; **OR**
- Isolation of smallpox (variola) virus from a clinical specimen (CDC only; confirmed by variola PCR)

Requested Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be requested to submit specimens to the PHL.
- Providers must consult with the Epidemiologist-on-Call (405 426-8710 for testing approval and instructions on what specimens need to be collected for testing.
- PHL Test Menu: Emerging Infectious Disease
- Call the 24/7 PHL Hotline at (405) 406-3511 to notify PHL staff prior to submission.

Plague

- Clinical Description Resource (CDC): Plague

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when plague is suspected.

Epidemiological Risk Factors that Increase Clinical Suspicion

In the 7 days prior to symptom onset:

- Travel to the western United States or international location considered endemic (Maps and Statistics | Plague | CDC)
- Contact with a sick animal, particularly cats
- Contact with an infected animal or bites from infected fleas

Report Positive Laboratory Testing Using the Following Criteria

- Any laboratory order for *Yersinia pestis* testing, including for culture, direct fluorescent antibody assay, or PCR, with or without results; **OR**
- Any identification of *Y. pestis* in a clinical laboratory (e.g., isolation or detection of *Y. pestis* specific antigens by fluorescent antibody assay, immunohistochemical assay, or PCR).

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- All suspect *Yersinia pestis* isolates must be sent to the PHL.
- PHL Test Menu: Highly Hazardous/Suspect Biothreat Organisms
- Call the 24/7 PHL Hotline at (405) 406-3511 to notify PHL staff prior to submission.

Poliomyelitis

- Clinical Description Resource (CDC): Poliomyelitis

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when poliomyelitis or acute flaccid myelitis (AFM) is suspected. Because AFM cannot be differentiated from polio based on clinical symptoms only, lab testing must be done to rule out the presence of polio in those instances.
- Acute onset of flaccid paralysis with decreased or absent tendon reflexes in the affected limbs, in the absence of a more likely alternative diagnosis.

Report Positive Laboratory Testing Using the Following Criteria

- Diagnostic test for poliovirus is ordered; **OR**
- Poliovirus detected in clinical specimen using a properly validated assay.

Requested Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be requested to submit specimens to the PHL.
- Providers must consult with the Epidemiologist-on-Call (405) 426-8710 for testing approval and instructions on what specimens need to be collected for testing.

Rabies, animal

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- Suspected cases of animal rabies should be reported immediately to the Epidemiologist-on-Call (405) 426-8710 for consultation regarding human and animal exposures and submission of specimens for testing by the Oklahoma Animal Disease Diagnostic Laboratory (OADDL).

Report Positive Laboratory Testing Using the Following Criteria

- A positive rabies virus direct fluorescent antibody test; **OR**
- A positive rabies virus direct rapid immunohistochemical test (dRIT); **OR**
- A positive rabies virus test by immunohistochemistry (IHC) on formalin-fixed tissue; **OR**
- A positive pan-lyssavirus probe-based real time reverse transcription-polymerase chain reaction (RT-PCR) test; **OR**
- Detection of lyssavirus nucleic acid by genomic sequencing; **OR**
- Isolation of rabies virus (in cell culture or in a laboratory animal)

Instructions for Specimen Submission to the Oklahoma Animal Disease Diagnostic Laboratory

- Submitting an Animal for Rabies Testing | OSDH

Rabies, human

- Clinical Description Resource (CDC): Human Rabies

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when human rabies is suspected.
- Rabies is an acute encephalomyelitis that almost always progresses to coma or death within 10 days after the first symptom.

Epidemiological Risk Factors that Increase Clinical Suspicion

- Reported animal bite or contact with a high-risk mammal (e.g., skunk, bat, etc.) in the last 3-12 months without administration of rabies postexposure prophylaxis.

Report Positive Laboratory Testing Using the Following Criteria

- Detection of Lyssavirus antigens in a clinical specimen (preferably the brain or the nerves surrounding hair follicles in the nape of the neck) by direct fluorescent antibody test; **OR**
- Isolation (in cell culture or in a laboratory animal) of a Lyssavirus from saliva or central nervous system tissue; **OR**
- Identification of Lyssavirus specific antibody (i.e. by indirect fluorescent antibody (IFA) test or complete rabies virus neutralization at 1:5 dilution) in the cerebrospinal fluid (CSF); **OR**
- Identification of Lyssavirus specific antibody (i.e. by indirect fluorescent antibody (IFA) test or complete rabies virus neutralization at 1:5 dilution) in the serum of an unvaccinated person; **OR**
- Detection of Lyssavirus viral RNA (using reverse transcriptase-polymerase chain reaction [RT-PCR]) in saliva, CSF, or tissue.

Requested Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be requested to submit specimens to the PHL.
- Providers must consult with the Epidemiologist-on-Call (405) 426-8710 for testing approval and instructions on what specimens need to be collected for testing.

Typhoid fever

- Clinical Description Resource (CDC): Typhoid Fever

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when typhoid fever is suspected.

Epidemiological Risk Factors that Increase Clinical Suspicion

- Recent travel to regions where typhoid is common, particularly South Asia and portions of Africa. Those who were not vaccinated at least 2 weeks prior to travel are at an increased risk of infection.
- Activities involving areas with inadequate hygiene and sanitation increase likelihood of exposure, including consumption of contaminated food and water.

Report Positive Laboratory Testing Using the Following Criteria

- Typhoid Fever
  - Isolation of *Salmonella typhi* from a clinical specimen; **OR**
  - Detection of *S. typhi* in a clinical specimen using a culture-independent diagnostic test (CIDT; e.g., polymerase chain reaction (PCR), nucleic acid amplification tests (NAATs) and immunoassays).
- Paratyphoid Fever
  - Isolation of *Salmonella paratyphi* A, B (tartrate negative), or C from a clinical specimen; **OR**
  - Detection of *S. paratyphi* A, B (tartrate negative), or C in a clinical specimen using a culture-independent diagnostic test (CIDT).

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- All Salmonella isolates (or specimens if no isolate is available) must be sent to the PHL.
- Laboratories should attempt to reflex culture positive Salmonella CIDT samples. If unable to perform reflex culture, submitters shall submit positive CIDT stool samples in modified Cary Blair transport media to the OSDH PHL ideally within 48-96 hours of collection. Specimens received > 96 hours (> 4 days) from time of collection will be tested for surveillance purposes only (results not reported to submitter).
- PHL Test Menu: Enteric Pathogen, Isolate Identification

Viral hemorrhagic fevers
(e.g., Ebola, Marburg, Lassa, Crimean-Congo, Chapare)

- Clinical Description Resource (CDC): Viral Hemorrhagic Fevers

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when viral hemorrhagic fever (VHF) is suspected.

Epidemiological Risk Factors that Increase Clinical Suspicion

- Contact with a person who had known, or suspected VHF or any object contaminated by their body fluids
- Residence in or travel to a VHF endemic area or area with active transmission and participated in activities that could result in exposure to a VHF
- Handles specimens that contain or might contain replication competent VHF viruses
- Handles bats, rodents, or primates from a VHF endemic area or area with active transmission
- Exposure to body fluids (i.e., urine, saliva, sweat, vomit, breast milk, amniotic fluid, semen, aqueous humor, or cerebral spinal fluid) from a person who clinically recovered from a VHF.

Report Positive Laboratory Testing Using the Following Criteria

- A person for whom a diagnostic test specific for VHF has been ordered; **OR**
- Detection of VHF-specific nucleic acid in blood or other body fluids, blood products, or tissues using a diagnostic molecular test (e.g., NAAT, genome sequencing); **OR**
- Detection of VHF-specific IgM by ELISA; **OR**
- Detection of VHF-specific IgG from a sample; **OR**
- VHF viral isolation in cell culture for blood, blood products (e.g., serum), or tissues

Requested Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be requested to submit specimens to the PHL.
- Providers must consult with the Epidemiologist-on-Call (405) 426-8710 for testing approval and instructions on what specimens need to be collected for testing.
- PHL Testing Menu: Highly Hazardous/Suspect Biothreat Organisms
- Call the 24/7 PHL Hotline at (405) 406-3511 to notify PHL staff prior to submission.

Report **Within 1 Working Day** of Diagnosis or Positive Test

Acid fast bacillus (AFB) positive smear

- Clinical Description Resource (CDC): Tuberculosis

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- Only if no additional testing is performed or subsequent testing is indicative of *Mycobacterium tuberculosis* complex.

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- Any positive AFB smear without subsequent testing is required to be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please refer to the instructions in the PHL's Laboratory Testing page for the proper procedures to send in isolates or specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based OSDH PHL Test Requisition Form must accompany each isolate.

AIDS (acquired immunodeficiency syndrome)

- Clinical Description Resource (CDC): HIV (AIDS)
  - Persons diagnosed with HIV receive an AIDS diagnosis when their CD4 cell count drops below 200 cells per microliter of blood, or develop certain illnesses, sometimes called opportunistic infections.
  - Opportunistic Infections | HIV.gov

Report Positive Laboratory Testing Using the Following Criteria

- Specimens that meet HIV infection laboratory criteria; **AND**
- CD4 cell count of less than 200 cells per microliter of blood

Anaplasmosis

Report Positive Laboratory Testing Using the Following Criteria

- Detection of *Anaplasma phagocytophilum* DNA in a clinical specimen via amplification of a specific target by polymerase chain reaction (PCR) assay, nucleic acid amplification tests (NAAT), or other molecular testing; **OR**
- Serological evidence of elevated IgG antibody reactive with *A. phagocytophilum* antigen by indirect immunofluorescence assay (IFA) at a titer ≥1:128; **OR**
- Microscopic identification of intracytoplasmic morulae in leukocytes; **OR**
- Demonstration of anaplasmal antigen in a biopsy or autopsy sample by immunohistochemical (IHC) methods; **OR**
- Isolation of *A. phagocytophilum* from a clinical specimen in cell culture with molecular confirmation (e.g., PCR, sequencing)

Arboviral infections

California serogroup (CSG) virus

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of virus from, or demonstration of specific viral antigen or nucleic acid in, tissue, blood, CSF, or other body fluid; **OR**
- Virus-specific IgM antibodies in serum with confirmatory virus-specific neutralizing antibodies in the same or a later specimen; **OR**
- Virus-specific IgM antibodies in CSF or serum

Eastern equine encephalitis virus

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of virus from, or demonstration of specific viral antigen or nucleic acid in, tissue, blood, CSF, or other body fluid; **OR**
- Virus-specific IgM antibodies in serum with confirmatory virus-specific neutralizing antibodies in the same or a later specimen; **OR**
- Virus-specific IgM antibodies in CSF and a negative result for other IgM antibodies in CSF for arboviruses endemic to the region where exposure occurred; **OR**
- Virus-specific IgM antibodies in CSF or serum

Powassan virus

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of virus from, or demonstration of specific viral antigen or nucleic acid in, tissue, blood, CSF, or other body fluid; **OR**
- Virus-specific IgM antibodies in serum with confirmatory virus-specific neutralizing antibodies in the same or a later specimen; **OR**
- Virus-specific IgM antibodies in CSF and a negative result for other IgM antibodies in CSF for arboviruses endemic to the region where exposure occurred; **OR**
- Virus-specific IgM antibodies in CSF or serum

St. Louis encephalitis virus

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of virus from, or demonstration of specific viral antigen or nucleic acid in, tissue, blood, CSF, or other body fluid; **OR**
- Virus-specific IgM antibodies in serum with confirmatory virus-specific neutralizing antibodies in the same or a later specimen; **OR**
- Virus-specific IgM antibodies in CSF and a negative result for other IgM antibodies in CSF for arboviruses endemic to the region where exposure occurred; **OR**
- Virus-specific IgM antibodies in CSF or serum

Western equine encephalitis virus

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of virus from, or demonstration of specific viral antigen or nucleic acid in, tissue, blood, CSF, or other body fluid; **OR**
- Virus-specific IgM antibodies in serum with confirmatory virus-specific neutralizing antibodies in the same or a later specimen; **OR**
- Virus-specific IgM antibodies in CSF and a negative result for other IgM antibodies in CSF for arboviruses endemic to the region where exposure occurred; **OR**
- Virus-specific IgM antibodies in CSF or serum

Optional Submission for Arboviral Infections: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be able to submit specimens to the PHL.
- Providers must consult with the Epidemiologist-on-Call (405) 426-8710 for testing approval and instructions on what specimens need to be collected for testing.
- PHL Test Menu: Vector Borne and Zoonotic Diseases

Brucellosis

- Clinical Description Resource (CDC): Brucellosis

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when brucellosis is suspected. If brucellosis infection is suspected to be associated with bioterrorism, it should be reported immediately upon suspicion.

Report Positive Laboratory Testing Using the Following Criteria

- Culture and identification of a presumptive *Brucella* spp. from clinical specimans; **OR**
- Detection of *Brucella* IgG antibodies by ELISA in a sample

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- All suspect *Brucella* species samples must be sent to the PHL.
- PHL Test Menu: Highly Hazardous/Suspect Biothreat Organism
- Call the 24/7 PHL Hotline at (405) 406-3511 to notify PHL staff prior to submission.

Campylobacteriosis

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of any *Campylobacter* spp. by culture in a clinical specimen from any source; **OR**
- Detection of any *Campylobacter* spp. using a culture-independent diagnostic testing (CIDT [e.g., polymerase chain reaction (PCR), nucleic acid amplification tests (NAATs), and immunoassays]) in a clinical specimen from any source

Requested Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with outbreak response, laboratories may be requested to forward clinical specimens or isolates to the PHL for testing. This testing would be directed and approved by the Epidemiologist-on-Call (405) 426-8710 prior to submission to the PHL.
- PHL Test Menu: Enteric Pathogen, Isolate Identification

Chikungunya virus

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of virus from, or demonstration of specific viral antigen or nucleic acid in, tissue, blood, CSF, or other body fluid; **OR**
- Virus-specific IgM antibodies in serum with confirmatory virus-specific neutralizing antibodies in the same or a later specimen; **OR**
- Virus-specific IgM antibodies in CSF or serum

Congenital rubella syndrome

- Clinical Description Resource (CDC): Rubella

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- Any infant diagnosed by a physician as having congenital rubella syndrome.

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of rubella virus; **OR**
- Detection of rubella-specific immunoglobin (IgM) antibody; **OR**
- A specimen that is PCR positive for rubella virus

Cryptosporidiosis

Report Positive Laboratory Testing Using the Following Criteria

- Evidence of *Cryptosporidium* organisms or DNA in stool, intestinal fluid, tissue samples, biopsy specimens, or other biological sample by certain laboratory methods with a high positive predictive value (PPV), e.g.,
  - Direct fluorescent antibody [DFA] test; **OR**
  - Polymerase chain reaction [PCR]; **OR**
  - Enzyme immunoassay [EIA]; **OR**
  - Light microscopy of stained specimen

OR

- The detection of *Cryptosporidium* antigen by a screening test method, such as immunochromatographic card/rapid card test; or a laboratory test of unknown method

Cyclosporiasis

Report Positive Laboratory Testing Using the Following Criteria

- The detection of *Cyclospora* organisms or DNA in stool, intestinal fluid/aspirate, or intestinal biopsy specimens.

Requested Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with outbreak response, laboratories may be requested to forward clinical specimens or isolates to the PHL for testing at CDC. This testing would be directed and approved by the Epidemiologist-on-Call (405) 426-8710 prior to submission to the PHL.

Dengue fever

Report Positive Laboratory Testing Using the Following Criteria

- Detection of dengue virus (e.g., growth in cell culture), viral antigen (e.g., NS1 antigen capture ELISA, immunohistochemistry), or viral RNA (e.g., PCR) in a serum, plasma, blood, cerebral spinal fluid (CSF), or tissue specimen; **OR**
- Detection of anti-DENV IgM or neutralizing antibodies in a serum or CSF specimen

E. coli 0157, 0157:H7 or a shiga toxin producing *E. coli* (STEC)

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of *Escherichia coli* O157:H7 from a clinical specimen; **OR**
- Isolation of *E. coli* from a clinical specimen with detection of Shiga toxin or Shiga toxin genes; **OR**
- Isolation of *E. coli* O157 from a clinical specimen without confirmation of H antigen, detection of Shiga toxin, or detection of Shiga toxin genes; **OR**
- Identification of IgM or IgG antibody titer against a known Shiga toxin-producing serogroup of *E. coli*; **OR**
- Detection of Shiga toxin or Shiga toxin genes in a clinical specimen using a culture-independent diagnostic test (CIDT; e.g. polymerase chain reaction (PCR), nucleic acid amplification tests (NAATs) and immunoassays) and no known isolation of Shigella from a clinical specimen; **OR**
- Detection of *E. coli* O157 or STEC/ Enterohemorrhagic *E. coli* (EHEC) in a clinical specimen using a CIDT

E. coli 0157, 0157:H7 or a shiga toxin producing *E. coli* (STEC) *(cont.)*

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- Laboratories should attempt to reflex culture positive STEC CIDT samples. If unable to perform reflex culture, submitters shall submit positive STEC CIDT stool samples in modified Cary Blair transport media to the OSDH PHL ideally within 48-96 hours of collection. Specimens received > 96 hours (> 4 days) from time of collection will be tested for surveillance purposes only (results not reported to submitter).
- All STEC isolates must be sent to the PHL.
- PHL Test Menu: Enteric Pathogen, Isolate Identification or Enteric Pathogens, Isolation and Identification

Ehrlichiosis

Report Positive Laboratory Testing Using the Following Criteria

- Detection of *Ehrlichia* spp. DNA in a clinical specimen via amplification of a specific target by polymerase chain reaction (PCR) assay, nucleic acid amplification tests (NAAT), or other molecular testing; **OR**
- Serological evidence of elevated IgG antibody reactive with *Ehrlichia* spp. antigen by indirect immunofluorescence assay (IFA) at a titer ≥1:128; **OR**
- Microscopic identification of intracytoplasmic morulae in leukocytes; **OR**
- Demonstration of ehrlichial antigen in a biopsy or autopsy sample by immunohistochemical methods; **OR**
- Isolation of *Ehrlichia* spp. from a clinical specimen in cell culture with molecular confirmation (e.g., NAAT, PCR, sequencing)

Haemophilus influenzae invasive disease

Report Positive Laboratory Testing Using the Following Criteria

- Detection of *Haemophilus influenzae* type b antigen in cerebrospinal fluid; **OR**
- Detection of *H. influenzae*-specific nucleic acid in a specimen obtained from a normally sterile body site (e.g., CSF, blood, joint fluid, pleural fluid, pericardial fluid), using a validated polymerase chain reaction (PCR) assay; **OR**
- Isolation of *H. influenzae* from a normally sterile body site (e.g., CSF, blood, joint fluid, pleural fluid, pericardial fluid)

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- All sterile site *Haemophilus influenzae* must be sent to the PHL.
- PHL Test Menu: Bacterial (Non-Enteric) Pathogen, Isolate Identification

Hantavirus, with and without pulmonary syndrome

- Clinical Description Resource (CDC):
  - Hantavirus without pulmonary syndrome | Hantavirus | CDC
  - Hantavirus Pulmonary Syndrome | Hantavirus | CDC

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when a hantavirus infection is suspected.

Report Positive Laboratory Testing Using the Following Criteria

- Detection of hantavirus-specific IgM or titers of hantavirus-specific IgG, **OR**
- Detection of hantavirus-specific ribonucleic acid in clinical specimens, **OR**
- Detection of hantavirus antigen by immunohistochemistry in lung biopsy or autopsy tissues

Hantavirus, with and without pulmonary syndrome *(cont.)*

Requested Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be requested to submit specimens to the PHL.
- Providers must consult with the Epidemiologist-on-Call (405) 426-8710 for testing approval and instructions on what specimens need to be collected for testing.
- PHL Test Menu: Vector Borne and Zoonotic Diseases

Hemolytic uremic syndrome, postdiarrheal

Report Positive Laboratory Testing Using the Following Criteria

- Anemia (acute onset) with microangiopathic changes (i.e., schistocytes, burr cells, or helmet cells) on peripheral blood smear;

AND

- Renal injury (acute onset) evidenced by either hematuria, proteinuria, or elevated creatinine level (i.e., greater than or equal to 1.0 mg/dL in a child aged less than 13 years or greater than or equal to 1.5 mg/dL in a person aged greater than or equal to 13 years, or greater than or equal to 50% increase over baseline)

Hepatitis A virus

Report Positive Laboratory Testing Using the Following Criteria

- Immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV) positive, **OR**
- Nucleic acid amplification test (e.g., NAAT, PCR, genotyping) for hepatitis A virus RNA positive

Hepatitis B virus

- Clinical Description Resource (CDC): Hepatitis B
  - Hepatitis B is a vaccine-preventable liver infection. HBV is transmitted when blood, semen, or another body fluid from a person infected with the virus enters the body of someone who is uninfected. HBV can be either acute or chronic, and many people infected with hepatitis B virus won't experience symptoms.

Recommended Tests:

- CDC now recommends use of the triple panel test, which includes testing for:
  - HBsAg
  - Anti-HBs
  - Total antibody to hepatitis B core antigen (total anti-HBc)
- Any periodic follow-up testing can use tests as appropriate based on the results of the triple panel.
- For all pregnant patients who are HBsAg-positive, clinicians should test for HBV DNA.
- Clinical Testing and Diagnosis for Hepatitis B
- Clinical Guidance for Perinatal Hepatitis B Testing

Report Positive Laboratory Testing Using the Following Criteria

- If any of the HBsAg+, anti-HBc-IgM+, HBeAg+, or HBV DNA+ are positive, then all test results on the hepatitis panel must be reported.
- For infants ≤18 months, all hepatitis B related tests ordered, regardless of test result, must be reported.

How to Interpret Test Results

- Different serologic markers or combinations of markers are used to identify different phases of HBV infection. They determine whether a patient has acute or chronic HBV infection, is immune to HBV as a result of prior infection, vaccination, or is susceptible to infection.
- Understanding Hepatitis B Blood Tests (Hepatitis B Foundation)

Hepatitis C virus (HCV)

- Clinical Description Resource (CDC): Hepatitis C
  - Hepatitis C is transmitted through exposure to infectious blood.
  - Most people with hepatitis C virus (HCV) infection do not have symptoms.

Report Positive Laboratory Testing Using the Following Criteria

Clinical Screening and Diagnosis for Hepatitis C

In persons having jaundice or ALT ≥ 200 with laboratory confirmation:

- Hepatitis C EIA is confirmed by NAT for HCV RNA; **OR**
- Anti-HCV s/co ratio or index is predictive of a true positive
- Positive HCV RNA are reportable by both laboratories and providers.
- Negative HCV RNA are reportable by laboratories only

Human immunodeficiency virus (HIV) infection

- Clinical Description Resource (CDC): HIV

Report Positive Laboratory Testing Using the Following Criteria

- All HIV tests must be reported regardless of result, including HIV nucleotide sequences (by laboratory only).
- All tests indicative of HIV infection are reportable by laboratories and providers:
- Reactive on an initial laboratory-based antigen/antibody immunoassay to detect HIV-1 and HIV-2 antibodies and HIV-1 p24 antigen (HIV-1/HIV-2 Ag/Ab combination assay). Followed by a reactive on laboratory-based supplemental antibody immunoassay that differentiates HIV-1 antibodies from HIV-2 antibodies; **OR**
- HIV nucleic acid (DNA or RNA) detection (e.g., DNA polymerase chain reaction [PCR] or plasma HIV-1 RNA); **OR**
- HIV isolation (viral culture)
- For infants ≤ 18 months, all HIV tests ordered, regardless of test result, must be reported.

Influenza-associated hospitalization or death

- Clinically compatible illness that was confirmed to be influenza by an appropriate laboratory or rapid diagnostic test **AND**
  - Hospitalized **AND/OR**
  - Died

Report Positive Laboratory Testing Using the Following Criteria

Evidence of a positive influenza test by at least one of the following methods:

- Positive viral culture for influenza; **OR**
- Positive immunofluorescence antibody staining (Direct [DFA] or indirect [IFA]) for influenza; **OR**
- Reverse transcriptase polymerase chain reaction (RT-PCR) positive for influenza; **OR**
- Serologic testing positive for influenza; **OR**
- A positive, unspecified influenza test noted in the medical chart (e.g., a written note in the admission H&P or discharge summary); **OR**
- A positive commercially available rapid diagnostic test for influenza

Legionellosis

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of any *Legionella* organism from lower respiratory secretions, lung tissue, pleural fluid, or extrapulmonary site; **OR**
- Detection of any *Legionella* species from lower respiratory secretions, lung tissue, pleural fluid, or extrapulmonary site by a validated nucleic acid amplification test; **OR**
- Detection of *Legionella pneumophila* serogroup 1 antigen in urine using validated reagents; **OR**
- Detection of specific *Legionella* antigen or staining of the organism in lower respiratory secretions, lung tissue, pleural fluid, or extrapulmonary site associated with clinical disease by direct fluorescent antibody (DFA) staining, immunohistochemistry (IHC), or other similar method, using validated reagents

Leptospirosis

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of *Leptospira* from a clinical specimen; **OR**
- Demonstration of *Leptospira* in tissue by direct immunofluorescence; **OR**
- *Leptospira* agglutination titer of ≥800 by Microscopic Agglutination Test (MAT) in one or more serum specimens; **OR**
- Detection of pathogenic (P1 clade) or intermediate (P2 clade) *Leptospira* DNA (e.g., by PCR) from a clinical specimen; **OR**
- *Leptospira* agglutination titer of ≥200 but < 800 by Microscopic Agglutination Test (MAT) in one or more serum specimens; **OR**
- Demonstration of anti-*Leptospira* antibodies in a clinical specimen by indirect immunofluorescence (IFA); **OR**
- Demonstration of *Leptospira* in a clinical specimen by darkfield microscopy; **OR**
- Detection of IgM antibodies against *Leptospira* in an acute phase serum specimen

Listeriosis

Report Positive Laboratory Testing Using the Following Criteria

- Any person with *Listeria monocytogenes* isolated or detected from a normally sterile site, reflective of an invasive infection, by culture or CIDT (e.g. polymerase chain reaction (PCR), nucleic acid amplification tests (NAATs) and immunoassays); **OR**
- Any person with *L. monocytogenes* isolated or detected in a specimen from products of conception (e.g., placenta, amniotic fluid, umbilical cord blood) by culture or CIDT at the time of delivery; **OR**
- Any person with *L. monocytogenes* isolated or detected from a non-sterile neonatal site (e.g., meconium, tracheal aspirate) by culture or CIDT collected within 48 hours of delivery; **OR**
- Any person with *L. monocytogenes* isolated from a non-invasive clinical specimen (e.g., stool, urine, wound) other than those specified for maternal and neonatal specimens; **OR**
- Any person with isolation of *Listeria* species other than *L. monocytogenes* (such as *L. ivanovii* and *L. grayi*) from a normally sterile site that reflects invasive disease

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- All *Listeria monocytogenes* isolates must be sent to the PHL.
- PHL Test Menu: Enteric Pathogen, Isolate Identification

Lyme disease

- Clinical Description Resource (CDC): Lyme
  - Hallmark symptom: Erythema migrans rash

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of *Borrelia burgdorferi* or *Borrelia mayonii* in culture; **OR**
- Detection of *B. burgdorferi* or *B. mayonii* in a clinical specimen by a *B. burgdorferi* group-specific NAAT assay; **OR**
- Detection of *B. burgdorferi* group-specific antigens by immunohistochemical assay on biopsy or autopsy tissues; **OR**
- Antibody to *B. burgdorferi* detected by EIA or IFA; **OR**
- An immunoblot test positive for *B. burgdorferi*-specific IgM or IgG

Malaria

Report Positive Laboratory Testing Using the Following Criteria

- Detection of circulating malaria-specific antigens using rapid diagnostic test (RDT); **OR**
- Detection of species specific parasite DNA in a sample of peripheral blood using a Polymerase Chain Reaction test. (Note: Laboratory-developed malaria PCR tests must fulfill CLIA requirements, including validation studies); **OR**
- Detection of malaria parasites in thick or thin peripheral blood films, determining the species by morphologic criteria, and calculating the percentage of red blood cells infected by asexual malaria parasites (parasitemia)

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- All EDTA whole blood in which *Plasmodium* spp. is suspected must be sent to the PHL for confirmation and speciation.
- PHL Test Menu: Vector Borne and Zoonotic Diseases

Mumps

- Clinical Description Resource (CDC): Mumps

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when mumps is suspected.
- In the absence of a more likely alternative diagnosis:
  - An acute illness characterized by parotitis (i.e., acute onset of unilateral or bilateral tender, self-limited swelling of the parotid) or swelling of other (non-parotid) salivary gland(s); **OR**
  - An acute illness characterized by at least one of the following mumps-associated complication(s): orchitis, oophoritis, aseptic meningitis, encephalitis, hearing loss, mastitis, or pancreatitis.

Epidemiological Risk Factors that Increase Clinical Suspicion

- Person reporting international travel in the 30 days prior to symptom onset
- Person without history of vaccination reporting direct contact to a confirmed case

Report Positive Laboratory Testing Using the Following Criteria

- Positive reverse transcriptase polymerase chain reaction (RT-PCR) for mumps-specific nucleic acid; **OR**
- Isolation of mumps virus; **OR**
- Positive test for serum mumps immunoglobulin M (IgM) antibody

Optional Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be able to submit specimens to the PHL.
- Providers must consult with the Epidemiologist-on-Call (405) 426-8710 for testing approval and instructions on what specimens need to be collected for testing.

Pertussis

- Clinical Description Resource (CDC): Pertussis

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when pertussis is suspected.
- In the absence of a more likely diagnosis, a cough illness of any duration, with at least one of the following signs or symptoms:
  - Paroxysms of coughing; **OR**
  - Inspiratory whoop; **OR**
  - Post-tussive vomiting; **OR**
  - Apnea (with or without cyanosis)

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of *Bordatella pertussis* from a clinical specimen
- Polymerase Chain Reaction (PCR) positive for *B. pertussis*

Psittacosis

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of *Chlamydophila psittaci* from respiratory specimens (e.g., sputum, pleural fluid or tissue) or blood; **OR**
- Detection of antibody (IgG) against *C. psittaci* by complement fixation (CF) or microimmunofluorescence (MIF) in serum specimens; **OR**
- Detection of antibody (IgM) against *C. psittaci* by CF or MIF in serum specimen; **OR**
- Detection of *C. psittaci* DNA in a respiratory specimen (e.g., sputum, pleural fluid or tissue) via amplification of a specific target by PCR assay

Q fever

- Clinical Description Resource (CDC): Q Fever

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when Q fever is suspected. If the Q fever infection is suspected to be associated with bioterrorism, it should be reported immediately upon suspicion.

Q fever *(cont.)*

Report Positive Laboratory Testing Using the Following Criteria

- Serological evidence of immunoglobulin G (IgG)-specific antibody titer to *Coxiella burnetii* phase II antigen by indirect immunofluorescence assay (IFA); **OR**
- Detection of *C. burnetii* DNA in a clinical specimen via amplification of a specific target by polymerase chain reaction (PCR) assay; **OR**
- Demonstration of *C. burnetii* antigen in a clinical specimen by immunohistochemical methods (IHC); **OR**
- Isolation of *C. burnetii* from a clinical specimen by culture; **OR**
- Single IFA IgG titer of ≥1:128 to phase II antigen; **OR**
- Serologic evidence of elevated IgG or IgM antibody reactive with *C. burnetii* antigen by enzyme-linked immunosorbent assay (ELISA); **OR**
- Serologic evidence of elevated IgG or IgM antibody reactive with *C. burnetii* antigen by dot-ELISA; **OR**
- Serologic evidence of elevated IgG or IgM antibody reactive with *C. burnetii* antigen by latex agglutination

Rubella

- Clinical Description Resource (CDC): Rubella

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when rubella is suspected.

Epidemiological Risk Factors that Increase Clinical Suspicion

- Gave birth to an infant with confirmed congenital rubella; **OR**
- International travel prior to rash onset in an individual without history of vaccination; **OR**
- Recent contact with a laboratory-confirmed rubella or congenital rubella case

Report Positive Laboratory Testing Using the Following Criteria

- Detection of rubella virus (e.g., RT-PCR, culture, next generation sequencing [NGS]); **OR**
- Positive serologic rubella IgM antibody AND low IgG avidity; **OR**
- Positive serologic rubella IgM antibody

Salmonellosis

Report Positive Laboratory Testing Using the Following Criteria

- Detection of *Salmonella* spp. in a clinical specimen using a culture-independent diagnostic testing (CIDT [e.g., polymerase chain reaction (PCR), nucleic acid amplification tests (NAATs), and immunoassays]); **OR**
- Isolation of *Salmonella* spp. from a clinical specimen

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- Laboratories should attempt to reflex culture positive *Salmonella* CIDT samples. If unable to perform reflex culture, submitters shall submit positive CIDT stool samples in modified Cary Blair transport media to the OSDH PHL ideally within 48-96 hours of collection. Specimens received > 96 hours (> 4 days) from time of collection will be tested for surveillance purposes only (results not reported to submitter).
- All *Salmonella* isolates (or specimens if no isolate is available) must be sent to the PHL.
- PHL Test Menu: Enteric Pathogen, Isolate Identification or Enteric Pathogens, Isolation and Identification

SARS-CoV-2 (COVID-19)

Report Positive Laboratory Testing Using the Following Criteria

- Detection of SARS-CoV-2 nucleic acid in a clinical or post-mortem specimen using a diagnostic molecular test (e.g., NAAT) performed by a CLIA-certified provider; **OR**
- Detection of SARS-CoV-2 RNA in a clinical or post-mortem specimen by genomic sequencing; **OR**
- Detection of SARS-CoV-2 specific antigen by diagnostic immunocytochemistry staining performed by a CLIA-certified provider; **OR**
- Detection of SARS-CoV-2 specific antigen in a clinical or post-mortem specimen using a diagnostic test performed by a CLIA-certified provider

Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- PHL Test Menu: SARS-CoV-2 Virus Surveillance

Shigellosis

Report Positive Laboratory Testing Using the Following Criteria

- Detection of *Shigella* spp. or *Shigella*/enteroinvasive *Escherichia coli* (EIEC) in a clinical specimen using a culture-independent diagnostic testing (CIDT [e.g., polymerase chain reaction (PCR), nucleic acid amplification tests (NAATs), and immunoassays]); **OR**
- Isolation of *Shigella* spp. from a clinical specimen

Spotted fever rickettsiosis (*Rickettsia* spp.) hospitalization or death

Report Positive Laboratory Testing Using the Following Criteria

- Any patient with laboratory evidence of Spotted Fever Rickettsiosis (SFR) (including RMSF) including any of the following:
  - Detection of SFGR nucleic acid in a clinical specimen via amplification of a *Rickettsia* genus- or species-specific target by polymerase chain reaction (PCR) assays; **OR**
  - Elevated IgG antibody titer in one or more serology samples reactive with SFGR antigen by IFA; **OR**
  - Demonstration of SFGR antigen in a biopsy or autopsy specimen by IHC; **OR**
  - Isolation of SFGR from a clinical specimen in cell culture and molecular confirmation (e.g., PCR or sequence)

Streptococcal disease, invasive, Group A (GAS)

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of group A *Streptococcus* (*Streptococcus pyogenes*) by culture from a normally sterile site (e.g., blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)

Streptococcus pneumoniae invasive disease in children less than 5 years old

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of *Streptococcus pneumoniae* from a normally sterile site (e.g., blood, cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)
- Identification of *S. pneumoniae* by culture-independent diagnostic test (CIDT [e.g. PCR, antigen based tests]) from a normally sterile body site

Syphilis

- Clinical Description Resource (CDC): Syphilis
  - Syphilis is a sexually transmitted infection that develops in stages, with each stage having different signs and symptoms. Common symptoms include chancres (sores), rashes (often on the palms of the hands and bottom of the feet), swollen lymph nodes, patchy hair loss, condyloma lata as well as other general symptoms such as fever and fatigue.

Report Positive Laboratory Testing Using the Following Criteria

- Demonstration of *Treponema pallidum* by darkfield microscopy, direct fluorescent antibody (DFA-TP), or equivalent methods in clinical specimens from lesions, placenta, umbilical cord, or autopsy material; **OR**
- All reactive serologic tests on a nontreponemal test (Venereal Disease Research Laboratory [VDRL] or Rapid Plasma Reagin [RPR]); **OR**
- All reactive serologic tests on a on a treponemal test (Fluorescent Treponemal Antibody Absorbed [FTA-ABS] or Microhemagglutination Assay for antibody to *T. pallidum* [MHA-TP]), or equivalent Treponema pallidum particle agglutination [TPPA]; **OR**
- Reactive VDRL in cerebrospinal fluid (CSF); **OR**
- For infants ≤ 18 months, all syphilis related tests ordered, regardless of test result, must be reported.

Note: If any syphilis test is positive, then all syphilis test results on the panel must be reported.

Tetanus

- Clinical Description Resource (CDC): Tetanus

Report Upon Suspicion Symptomatic Individuals that Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when tetanus is suspected. Tetanus is reported based on clinical suspicion only. There is no laboratory testing available.
- In the absence of a more likely diagnosis, an acute illness with:
  - Muscle spasms or hypertonia; AND
  - Diagnosis of tetanus by a health care provider

Trichinellosis

Report Positive Laboratory Testing Using the Following Criteria

- Demonstration of *Trichinella* larvae in tissue obtained by biopsy; **OR**
- Positive serologic test for *Trichinella*; **OR**
- Demonstration of *Trichinella* larvae in the food item

Tuberculosis (including *Mycobacterium tuberculosis* complex)

- Clinical Description Resource (CDC): Tuberculosis

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of *Mycobacterium tuberculosis* from a clinical specimen (Use of rapid identification techniques for *M. tuberculosis* e.g., DNA probes and mycolic acids high-pressure liquid chromatography performed on a culture from a clinical specimen are acceptable under this criterion); **OR**
- Demonstration of *M. tuberculosis* from a clinical specimen by Polymerase Chain Reaction (PCR), a molecular diagnostic technique that amplifies and detects specific DNA sequences of *M. tuberculosis*, the bacterium responsible for tuberculosis

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- Any AFB smear or culture positive for *Mycobacterium tuberculosis* is required to be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please refer to the instructions (Test: Mycobacteria in the PHL Laboratory Testing page) for the proper procedures to send in isolates or specimens. A copy of the OSDH PHL Test Requisition Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate.

Tularemia

- Clinical Description Resource (CDC): Tularemia

Report Upon Suspicion Symptomatic Individuals That Lack Testing

- The Epidemiologist-on-Call is available for consultation 24/7/365 at (405) 426-8710 when tularemia is suspected. If the tularemia infection is suspected to be associated with bioterrorism, it should be reported immediately upon suspicion.

Report Positive Laboratory Testing Using the Following Criteria

- Positive result on *Francisella tularensis* serum antibody assay; **OR**
- Isolation or detection of *F. tularensis* in a clinical or autopsy specimen by fluorescent assay or polymerase chain reaction (PCR)

Tularemia *(cont.)*

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- All suspect *Francisella tularensis* isolates must be sent to the PHL.
- PHL Test Menu: Highly Hazardous/Suspect Biothreat Organisms
- Call the 24/7 PHL Hotline at (405) 406-3511 to notify PHL staff prior to submission.

Unusual disease or syndrome

Clinical Description

- Physicians, Infection Preventionists, laboratories, and other health care providers should report any unusual disease or syndrome. “Unusual disease or syndrome” means a case of an uncommon, possibly infectious disease of known or unknown etiology, even if laboratory testing may be pending or inconclusive, or if testing for common etiologies is negative. Such cases of disease may not normally be endemic to Oklahoma, may be an emerging or re-emerging disease, and/or represent diseases for which a public health intervention may be needed. Examples of such unusual diseases or syndromes include but are not limited to, unexplained adult respiratory distress syndrome, rash illness with atypical presentation, or an illness occurring along with an unusual pattern of illness or death among animals.
- Unusual diseases or syndromes must be reported to the Epidemiologist-on-Call by telephone (405-426-8710) or electronically via the secure web-based PHIDDO system using “Unusual Syndrome or Uncommon Disease – non-urgent” or “Unusual Syndrome or Uncommon Disease – Urgent” as the disease/condition. Health care providers should use “Unusual Syndrome or Uncommon Disease – Urgent” as the disease/condition if immediate consultation and investigation is needed based on the severity of the disease or unusual pattern of illness.

Report Positive Laboratory Testing Using the Following Criteria

- Consult with the Epidemiologist-on-Call (405) 426-8710 for instructions on what specimens need to be collected for testing.

Vibriosis including cholera

Report Positive Laboratory Testing Using the Following Criteria

- Cholera
  - Isolation of toxigenic (i.e., cholera toxin-producing) *Vibrio cholerae* O1 or O139 by culture from stool or vomitus; **OR**
  - Serologic evidence of recent infection
- Vibriosis (Non-O1 or O139 cholerae)
  - Detection of a species of the family *Vibrionaceae* (other than toxigenic *V. cholerae* O1 or O139, which are reportable as cholera) from a clinical specimen using a culture-independent diagnostic test; **OR**
  - Isolation of a species of the family *Vibrionaceae* (other than toxigenic *V. cholerae* O1 or O139, which are reportable as cholera) from a clinical specimen

Required Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- *Vibrio* species isolates (*V cholera*, *V vulnificus*, *V parahaemolyticus*) must be sent to the PHL.
- PHL Test Menu: Enteric Pathogen, Isolate Identification

West Nile virus

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of virus from, or demonstration of specific viral antigen or nucleic acid in, tissue, blood, CSF, or other body fluid; **OR**
- Virus-specific IgM antibodies in serum with confirmatory virus-specific neutralizing antibodies in the same or a later specimen; **OR**
- Virus-specific IgM antibodies in CSF and a negative result for other IgM antibodies in CSF for arboviruses endemic to the region where exposure occurred; **OR**
- Virus-specific IgM antibodies in CSF or serum

Yellow fever

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of yellow fever virus from, or demonstration of yellow fever viral antigen or nucleic acid in, tissue, blood, CSF, or other body fluid; **OR**
- Yellow fever virus-specific IgM antibodies in CSF or serum with confirmatory virus-specific neutralizing antibodies in the same or a later specimen; **OR**
- Yellow fever virus-specific IgM antibodies in CSF or serum, and negative IgM results for other arboviruses endemic to the region where exposure occurred

Optional Submission: Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- To assist with clinical diagnosis and informing the public health investigation, providers may be able to submit specimens to the PHL.
- Providers must consult with the Epidemiologist-on-Call (405) 426-8710 for testing approval and instructions on what specimens need to be collected for testing.

Zika virus

Report Positive Laboratory Testing Using the Following Criteria

- Detection of Zika virus, viral antigen, or viral RNA in any body fluid or tissue (e.g., blood, CSF, amniotic fluid, placenta, umbilical cord, cord blood, postmortem tissue); **OR**
- Detection of Zika virus IgM antibodies in adult or infant blood or CSF

Report **Within 1 Month**

CD4 cell count with cell count %

(by laboratories only)

- Clinical Description Resource (CDC): Clinical Care of HIV | HIV Nexus | CDC
  - A CD4 count is a blood test that measures the number of CD4 cells, which are a type of white blood cell crucial for the immune system.
  - It helps assess the impact of HIV on the immune system and monitor the effectiveness of antiretroviral therapy (ART).

Report Positive Laboratory Testing Using the Following Criteria

- All CD4 cell count with cell count % must be reported.
- A normal CD4 count typically ranges from 500 to 1,500 cells per cubic millimeter of blood; lower counts indicate a weakened immune system and a higher risk of opportunistic infections.

Chlamydial infections

C. trachomatis

- Clinical Description Resource (CDC): Chlamydia

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of *Chlamydia trachomatis* by culture; **OR**
- Demonstration of *C. trachomatis* in a clinical specimen by detection of antigen or nucleic acid

Lymphogranuloma Venereum (LGV)

- Clinical Description Resource (CDC): LGV
- Report as Chlamydia and designate as LGV

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of *C. trachomatis*, serotype L_1, L_2, or L_3, from clinical specimen; **OR**
- Demonstration by immunofluorescence of inclusion bodies in leukocytes of an inguinal lymph node (bubo) aspirate; **OR**
- Positive microimmunofluorescent serologic test for a lymphogranuloma venereum strain of *C. trachomatis* (in a clinically compatible case)

Creutzfeldt-Jakob disease

Report Positive Laboratory Testing Using the Following Criteria

- Positive RT-QuIC in cerebrospinal fluid (CSF) or other tissues; **OR**
- Positive histopathology, immunohistochemistry, Western blot, or prion analysis of autopsy or biopsy tissue for CJD; **OR**
- Presence of CJD protein marker 14-3-3 in cerebral spinal fluid (CSF)

Gonorrhea

- Clinical Description Resource (CDC): Gonorrhea

Report Positive Laboratory Testing Using the Following Criteria

- Isolation of typical gram-negative, oxidase-positive diplococci (presumptive *Neisseria gonorrhoeae*) from a clinical specimen; **OR**
- Demonstration of *N. gonorrhoeae* in a clinical specimen by detection of antigen or nucleic acid; **OR**
- Observation of gram-negative intracellular diplococci in a urethral smear obtained from a male

Instructions for Specimen Submission to the Oklahoma Public Health Lab (PHL)

- If there is concern for a drug-resistent gonorrhea, contact the Sexual Health and Harm Reduction Service at (405) 426-8400.

HIV viral load *(by laboratories only)*

- Clinical Description Resource (CDC): Clinical Care of HIV | HIV Nexus | CDC
  - HIV RNA (viral load) is a surrogate marker of antiretroviral therapy (ART) responses and HIV disease progression that is used to manage and monitor HIV infection.
  - High viral load is generally considered to be above 100,000 copies/mL, while an undetectable viral load is defined as less than 20 copies/mL.
  - Undetectable = Untransmittable/Treatment as Prevention

Report Positive Laboratory Testing Using the Following Criteria

- All HIV viral load tests (detectable and undetectable) must be reported.
- HIV viral load is measured in copies of HIV RNA per milliliter of blood, indicating the number of HIV RNA copies present in a milliliter.

Appendix 1:
Sterile/Non-Sterile Site List

This list is to be used as guidance and is not set policy, as it may not cover all situations. If you have questions about whether a specimen is considered sterile or not, please contact the OSDH Epidemiologist-on-Call at (405) 426-8710.

Specimen Type	Sterile	Non-Sterile
Abdominal fluid	X	
Abscess (unspecified)		X
Abscess (closed)	X	
Amniotic fluid	X	
Anus		X
Eye aqueous fluid	X	
Ascitic fluid (=abdominal fluid)	X	
Aspirate (needle)	X	
Aspirate (lung or tracheal)		X
Aspirate (unspecified)	**If meningococcal, *listeria*, or *H. influenzae*, call to find out specific site.** If *S. pneumo* or Group A *Streptococcus*, consider non-sterile.	
Bile fluid	X	
Biopsies from certain sites	X	
Blood (arterial, capillary, central, cord, venous, peripheral)	X	
Body fluid ‡	See bolded note below.	
Bone	X	
Bone marrow	X	
Brain	X	
Bronchial		X
Bursa	X	
Cannula		X
Cardiac muscle	X	
Catheter tip		X
Cerebral spinal fluid (CSF)	X	
Cervical fluid		X
Cervix		X
Cysts from certain sites	X	
Colostrum		X
Conjunctiva		X
Cord blood	X	

Specimen Type	Sterile	Non-Sterile
Cornea		X
Cyst (unspecified)		X
Cystic fibrosis		X
Cystocentesis	X	
Duodenal fluid	X	
Ear		X
Endocardium	X	
Endometrium		X
Endotracheal		X
Eye swab		X
Fecal or feces		X
Fustula	Need to know specific location.	
Gastric fluid/contents		X
Genital (genital fluid, lochia, mucus, cervix, vaginal)		X
Hair		X
Heart	X	
Intubation tube		X
Joint fluid (synovial fluid, arthrocentesis, ankle, elbow, hip, wrist)	X	
Kidney tissue	X	
Liver	X	
Lower respiratory tract		X
Lymph	X	
Macrophages	X	
Marrow (bone)	X	
Meconium		X
Menstrual blood		X
Milk or breast milk		X
Nail		X
Nose/nasopharynx		X
Ocular fluid	X	
Operating Room (specimen collected in operating room)	If specimen from a non-sterile body site (e.g., nasopharynx, skin) then considered non-sterile. If tissue collected in operating room, considered sterile.	
Ovary	X	
Pancreas	X	
Pancreatic fluid	X	
Paracentesis fluid	X	
Pelvic fluid		X

Specimen Type	Sterile	Non-Sterile
Penis		X
Pericardial fluid	X	
Peritoneal dialysis fluid		X
Peritoneal fluid (abdominal/ascites)	X	
PICC line	X	
Placenta		X
Plasma	X	
Plasma bag	X	
Platelets	X	
Pleura	X	
Pleural fluid (chest/thoracentesis)	X	
Pus		X
Saliva		X
Seminal fluid		X
Serum	X	
Skeletal muscle	X	
Skin		X
Spleen tissue	X	
Sputum		X
Stool		X
Surgical wound/surgical site culture		X
Swab (unspecified)		X
Sweat		X
Synovial fluid (joint fluid, arthrocentesis)	X	
Tears		X
Throat		X
Thrombocytes (platelet)	X	
Tissue, gall bladder	X	
Tissue, hallux		X
Tissue, large intestine	X	
Tissue, lung	X	
Tissue, placenta	X	
Tissue, small intestine	X	
Tissue, spinal	X	
Tissue, ulcer	X	
Tissue (if type of tissue is specified, then refer to the specific site to determine if sterile or non-sterile)	**If meningococcal, *listeria*, or *H. influenzae*, call to find out specific site.** If *S. pneumo* or Group A *Streptococcus*, consider non-sterile. Considered sterile if collected in operating room.	

Specimen Type	Sterile	Non-Sterile
Trachea (such as biopsy, tissue specimen)	X	
Tracheal aspirate		X
Urethra		X
Urine (urine catheter, urine clean catch, urine sediment)		X
Vagina		X
Vitreous fluid	X	
Vomitus		X
Whole blood	X	
Wound (wound abscess, wound drainage, wound exudate)		X

‡ "Body Fluid" or "Sterile Body Fluid":
Specimens reported as "sterile body fluid" may or may not be from normally sterile sites. "Sterile" may refer to the method of collection. If meningococcal, *listeria*, or *H. influenzae*, call to find out specific site. If MRSA, *S. pneumo*, Group A or B *Streptococcus*, consider non-sterile.

Infectious Disease Prevention & Response

Phone: (405) 426-8710
Available 24 Hours a Day

Sexual Health & Harm Reduction Service

Phone: (405) 426-8400
Fax: (405) 900-7586

Public Health Laboratory

Phone: (405) 564-7750
Fax: (405) 900-7611
24/7 Hotline: (405) 406-3511

Tuberculosis Division

Phone: (405) 426-8710
Available 8:00 a.m. - 5:00 p.m.

OKLAHOMA
State Department of Health

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